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0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION** Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

Attorney Docket Number	H 6292 US
First Named Inventor	Koch et al.
COMPLETE IF KNOWN	
Application Number	10/823,969
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FAST CURING POLYDIORGANOSILOXANES

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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H 6292 US

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number _____ or label _____
OR

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Stephen D. Harper	33,243		
Glenn E. J. Murphy	33,539		
Steven C. Bauman	33,832		
Gregory M. Hill	31,369		
Mary K. Cameron	34,789		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number _____ or label _____ 00423 OR Fill in correspondence address below

Name			
Address			
Address			
City	State	Zip	
Country	Telephone	610-278-4927	Fax

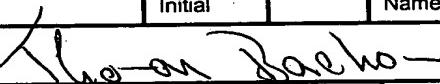
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

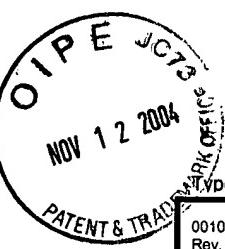
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Matthias	Middle Initial		Family Name	Koch	Suffix e.g. Jr.			
Inventor's Signature					Date	08/17/2004			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany		
Post Office Address		Steinkribbenstrasse 7							
Post Office Address									
City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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H 6292 IIS

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Thomas	Middle Initial		Family Name	Bachon	Suffix e.g. Jr.		
Inventor's Signature					Date	07/26/2004		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany	
Post Office Address	Kappeler Strasse 3a							
Post Office Address								
City	40597 Duesseldorf	State		Zip		Country	Germany	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Andreas	Middle Initial		Family Name	Ferencz	Suffix e.g. Jr.		
Inventor's Signature					Date	08/16/2004		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany	
Post Office Address	Copernikusstrasse 42							
Post Office Address								
City	40223 Duesseldorf	State		Zip		Country	Germany	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Thomas	Middle Initial	F.	Family Name	Lim	Suffix e.g. Jr.		
Inventor's Signature					Date			
Residence: City	Killingworth	State	CT	Country	US	Citizenship	US	
Post Office Address	128 Route 148							
Post Office Address								
City	Killingworth	State	CT	Zip	06419	Country	US	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.		
Inventor's Signature					Date			
Residence: City		State		Country		Citizenship		
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Filing Date	April 14, 2004
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Examiner Name	

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

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Page 2

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<input type="checkbox"/>	Firm Name OR	Customer Number	or label	
--------------------------	-----------------	-----------------	----------	--

List Attorney(s) and/or agent(s) name and registration number below:

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Glenn E. J. Murphy	33,539		
Steven C. Bauman	33,832		
Gregory M. Hill	31,369		
Mary K. Cameron	34,789		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	00423
			OR
			<input type="checkbox"/> Fill in correspondence address below

Name			
Address			
Address			
City		State	
Country		Telephone	610-278-4927
		Fax	

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Inventor's Signature						Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany	
Post Office Address	Steinkribbenstrasse 7							
Post Office Address								
City	40597 Duesseldorf	State		Zip		Country	Germany	
						Applicant Authority		
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City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Andreas	Middle Initial		Family Name	Ferencz		Suffix e.g. Jr.	
Inventor's Signature					Date			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany	
Post Office Address	Copernikusstrasse 42							
Post Office Address								
City	40223 Duesseldorf	State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Thomas	Middle Initial	F.	Family Name	Lim		Suffix e.g. Jr.	
Inventor's Signature	<i>Thomas Fay - Oy Lim</i>				Date	11/11/04		
Residence: City	Killingworth	State	CT	Country	US	Citizenship	US	
Post Office Address	128 Route 148							
Post Office Address								
City	Killingworth	State	CT	Zip	06419	Country	US	Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature					Date			
Residence: City		State		Country			Citizenship	
Post Office Address								
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